Labor Organization Officer and Employee Report









This report is mandatory under P.L. 86-257, as amended. Failure to d	comply may regult in
criminal prosecution, fines and civil penalties as provided by 29 U.S.	C. 439,440. Form approved - OMB No. 1215-018 Expires 11-30-99
1. Name and address of person filing Wendell Winegar 5190 W. 2700 N.	2. Name and address of labor organization IATSE Local 99
Plain City, UT 84404	526W. 800 S.
- 1411 City, 01 84404	Salt Lake City, UT 84101
Position in labor organization Trustee 12 21	rended 5. File number (if assigned)
12-31-	00
terests (except as specified in the exclusions set forth in the instruc	our spouse or minor child directly or indirectly had any of the following in-
 Held an interest in, engaged in transactions (including loans) with employer whose employees your organization represents or is a 	n, or derived income or other economic benefit of monetary value from an actively seeking to represent.
6. Name of Employer	Address of Early
Utah Theatrical Payroll Services,	, Inc. 526 W. 800 S., SLC, UT
7. Nature of Interest, Transaction or Income	84101
Board of Directors - \$1,200.00	
B. Held an interest in or derived income or economic benefit with mass	to a second to the second to t
	stary value from a business (1) a substantial part of which consists of buying an employer whose employees your labor organization represents or is actively or selling or leasing directly or indirectly to, or otherwise dealing with your labor
B. Name of business	Address of business
9. Business deals with—	10. If 9B or 9C is checked give trust or employer's name
☐ A. Labor Organization ☐ B. Trust ☐ C. Employer	10. If 30 is checked give trust or employer's name
Nature and approximate dollar value of such dealings	
	The state of the s
	1
Nature of interest held or income received	MAR 3 0 2001
	los" bed
	USDOL/ESA OLMS/DOE/SRD
	QLM37 DOLL SIN
Received from any ampleyor (ather the	
, and a state of the state of t	er parts A and B above) or from any labor relations consultant to an employer
Name and address of employer or consultant	14. Nature of payment
,	
IF MORE SPACE IS NEEDED A	
 Signature and verification—The undersigned declares, under the app the attachments incorporated therein or referred to in this report, has correct and complete. 	blicable penalties of the law, that all of the information in this report, including been examined by him and is, to the best of his knowledge and belief, true,